



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

November 6, 2006

Barbara Pruitt, Administrator
Ashley Manor Care Centers Inc - Highmont
11099 Highmont
Boise, ID 83713

FILE COPY

License #: RC-598

Dear Ms. Pruitt:

On September 28, 2006, a state licensure survey was conducted at Ashley Manor Care Centers Inc - Highmont. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Debbie Sholley, LSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

DEBBIE SHOLLEY, LSW
Team Leader
Health Facility Surveyor
Residential Community Care Program

DS/slc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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October 11, 2006

Barbara Pruitt, Administrator
Ashley Manor Care Centers Inc - Highmont
11099 Highmont
Boise, ID 83713

FILE COPY

Dear Ms. Pruitt:

On September 28, 2006, a state licensure survey was conducted at Ashley Manor Care Centers Inc - Highmont. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by October 28, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Care Assisted Living Program

JS/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R598	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/28/2006
NAME OF PROVIDER OR SUPPLIER ASHLEY MANOR CARE CENTERS INC - HIGHM			STREET ADDRESS, CITY, STATE, ZIP CODE 11099 HIGHMONT BOISE, ID 83713		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>Initial Comments</p> <p>Rules for Residential or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the standard survey conducted on September 28, 2006. The surveyors conducting the standard survey were:</p> <p>Debbie Sholley, LSW Team Leader Health Facility Surveyor</p> <p>John Wingate, RN Health Facility Surveyor</p>	R 000			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

DSV511

If continuation sheet 1 of 1



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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name Ashley Manor - Highmont	Physical Address 11099 W. Highmont	Phone Number 377-4107
Administrator Barbara Pruitt	City Boise, Idaho	ZIP Code 83703
Survey Team Leader Debby Sholley	Survey Type Standard	Survey Date 9-28-06

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	BFS USE
	16.03.22			
1	16.03.22.250.06.C	The bathroom exhaust fan in room #1 was inoperable	10/17 new fan	11/6/06 DS
2	16.03.22.250.15	The facility failed to install a call system	10-20-06	11/6/06 DS
3	16.03.22.305.2	The facility did not assure there was a copy of a signed and dated physicians orders to crush med for a randomly sampled resident.	9/28	11/6/06 DS
4	16.03.22.310.01.b	The facility failed to lock cabinet which contained toxic chemicals and cleaning agents.	10/17 locks on cab	11/6/06 DS
5	16.03.22.550.03.a.iii	The carpet in resident #2's room had stains and the room smelled strongly of urine.		11/6/06 DS
6	16.03.22.675.01	The facility did not provide all staff with 16 hours of orientation training.	9/28	11/6/06 DS
7	16.03.22.670	The facility did not provide all staff with specialized training regarding Alzheimers/Dementia.	9/28	11/6/06 DS
8	16.03.22.305.01	The Licensed Nurse did not conduct an assessment of each resident's response to medication.		

Response Required Date

Signature of Facility Representative

10-28-06

B. Pruitt / Carrie Stuart

RECEIVED

Date Signed

OCT 27 2006

FACILITY STANDARDS



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ASSISTED LIVING

Non-Core Issues

Punch List

Facility Name	Physical Address	Phone Number
Ashley Manor Highmont	11099 W. Highmont St	377-4107
Administrator	City	ZIP Code
Barbra Pruet	Boise	83713
Survey Team Leader	Survey Type	Survey Date
Debbie Sholley	Standard	9/28/06

NON-CORE ISSUES

[illegible]

Response Required Date

Signature of Facility Representative

10/28/06

Signature of Facility Representative B. Smith / Carrie Stuart